

**RESTRAINT AND SECLUSION  
DEBRIEFING FORM**

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Date of incident

Date of Debriefing: \_\_\_\_\_

Present:

Name	Position	Signature	Has the staff completed restraint training?

1. Give a brief description of the circumstances (antecedents) leading up to this incident.
2. Give a summary of the incident.
3. What was the intervention used?
4. What was the outcome?
5. From information gained, what changes (if any) should be made?
6. Has a support plan been initiated? \_\_\_Yes \_\_\_No If yes, who was contacted?

7. If applicable, how will the support plan affect any of the following:
- Behavior intervention plan (BIP)
  - 504 plan
  - Individualized Education plan (IEP)
  - Does the team need to reconvene?
- If yes, name of person responsible for notifying the team

BIP	Yes or No	Date:	Or NA
504	Yes or No	Date:	Or NA
IEP	Yes or No	Date:	Or NA

8. Is this a repeated instance of restraint or seclusion, if so, a Functional Behavioral Assessment (FBA) shall be conducted. Has an FBA been initiated? \_\_Yes \_\_No / completed? \_\_Yes \_\_No

NOTE: Process for requesting additional help. (District should insert their specific process to direct teams in next steps for additional help)

9. Additional comments (if any)

1<sup>st</sup> Reading-7/16/2018  
 2<sup>nd</sup> Reading-8/20/2018  
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